

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	cm -G		3/29/00
O.I.P.E. CLASSIFIER		PH	4/1/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
		5/22/00	5-19-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	4/1/00
2	4/1/00
3	4/1/00
4	4/1/00
5	4/1/00
6	4/1/00
7	4/1/00
8	4/1/00
9	4/1/00
10	4/1/00
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Claim	Date
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Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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